

293 - Unk. P. I. (Misc.) (Maus. Manila) (X-31, 97, 101, 105, 106, 111, 125)

QMCWT 293  
GRS Far East

30 August 1949

SUBJECT: Identification of World War II Deceased

TO: Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, California  
ATTN: AGRS, PHILCOM ZONE

1. Reference is made to the following Unknown remains, formerly interred in Army, Navy, Marine Cemetery #2, Agat, Guam, now stored at AGRS Mausoleum, Manila, P. I.:

Unknown	X-31
"	X-97
"	X-101
"	X-105
"	X-106
"	X-111
"	X-125

2. Subject cases have been reviewed and this Office approves the classification of the above listed Unknowns as unidentifiable.

FOR THE ACTING THE QUARTERMASTER GENERAL:

T. H. METZ  
Lt. Colonel, QMC  
Memorial Division

C O P Y  
msb

X-293 Unk  
Guam X-31 (Army, Navy,  
Marine Cem. #2)



AIRMAIL

293 unk P.I. Mar Maus. Manila

Q101 293

Far East

X-31, 97, 101, 105, 106, 111, 125

30 August 1949

293 unk. Guam #2

X-31

dt

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1. Reference is made to the following Unknown remains, formerly interred in Army, Navy, Marine Cemetery #2, Agat, Guam, now stored at AGRS Mausoleum, Manila, P.I.:

Unknown X-31  
" X-97  
" X-101  
" X-105  
" X-106  
" X-111  
" X-125

✓ 293 unk. Guam #2  
(A.N. in Com #2)

2. Subject cases have been reviewed and this Office approves the classification of the above listed Unknowns as unidentifiable.

FOR THE ACTING THE QUARTERMASTER GENERAL:

SM S.Morgan:lrc

Salser

JW

cc--Administrative Section

cc--Cincfe

T. E. METZ  
Lt. Colonel, GMC  
Memorial Division

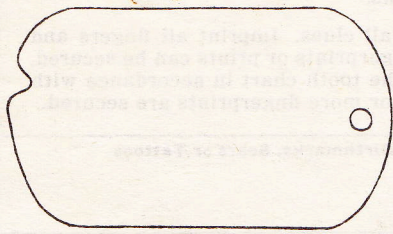


REB  
REC  
TEC

✓ 293 unk P.I. X-31, X-97 (Maus. Manila)  
✓ 293 GRS (Far East)  
✓ 293 unk Guam, X-31 Army Navy & Marine Cem #2



RESTRICTED

WD QMC Form 1042 Rev. 1 Apr. 1945 (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)				Date of Report 27 August 1946		
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>SECTION 1. IDENTIFICATION</b>						
		Name (Last, First, Middle Initial) UNIDENTIFIED (X-31)				Serial Number UNKNOWN		
		Grade UNKNOWN		Organization YAP		Branch of Service UNKNOWN		
		Race UNKNOWN		Religion UNKNOWN		If Other than U. S. Dead, Give Name of Country		
Place of Death YAP ISLAND		Cause of Death Enemy Action Airplane Crash				Date of Death UNKNOWN		
Emergency Addressee (Name, Relationship and Address) UNKNOWN								
Identification Tags Found on Body (1, 2, or None) NONE		If No Tags Found on Body, Describe Means of Identification. If Unidentified, Fill in Section 3 on Reverse PLOT PLAN, GRAVE MARKER.						
Were Substitute Tags Provided (Yes or No) NO								
List Personal Effects Found on Body and Disposition of Same NONE								
<b>SECTION 2. BURIAL</b> If other than in established cemetery furnish sketch and map coordinates on reverse.								
Name, Number, Coordinates and Location of Cemetery Army, Navy, Marine Cemetery #2, Agat, Guam, MI.								
Date of Burial 9-11-46	Hour 1320	Buried in (Shroud, Blanket, or name of other) Casket and Burial Bag		Type of Grave Marker Cross with Zinc Plate	Plot No. 4	Row No. 58	Grave No. 2	
Was This a Re-Burial (Yes or No) Yes		If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave Ulithi Cemetery, Asor Island				Plot No. 2	Row No. 10	Grave No. 11
Type of Religious Ceremony MEMORIAL SERVICE ONLY		Person Conducting Burial Rites		If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body PLOT PLAN, GRAVE MARKER				
Identification Tag Buried With Body (Yes or No) Zinc Plate		Identification Tag Attached to Marker (Yes or No) No		WDQMC Form 1042 buried in bottle one foot below grave marker.				
Body Buried on Deceased Left, Name (Last, First, Middle Initial) Loveland, Clifford B.				Rank A B	Serial Number UNKNOWN	Organization SS	Grave No. 3	
Body Buried on Deceased Right, Name (Last, First, Middle Initial) Lavine, Charles H.				Rank AMM 2/c	Serial Number 626-67-96	Organization USS	Grave No. 1	
Signature of Person Preparing Report ROBERT J. MCBROOM, CAPT., QMC				Signature of GRS Officer Verifying Report ROBERT J. MCBROOM, CAPT., QMC				
DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.								

RESTRICTED



<div style="text-align: center; font-size: 2em; color: red; font-weight: bold;">1</div>	Interred 1 March 1950 C 8 60 Ft. McKinley <i>care of mark</i> CARL R. H. MARK Cemetery Superintendent SECTION A — NAME AND BURIAL LOCATION OF DECEASED	<b>DISINTERMENT DIRECTIVE</b> <div style="color: red; font-weight: bold; font-size: 1.2em;">PREPARED BY PHILCOM</div>	
		DIRECTIVE NUMBER <div style="font-size: 1.2em; font-weight: bold;">6321 81100</div>	DATE <div style="font-size: 1.2em; font-weight: bold;">17 02 50</div>
		DAY	MONTH
		YEAR	
NAME	SERIAL NUMBER	GRADE	ARM
<div style="color: red; font-weight: bold;">✓</div> UNKNOWN X - 31			
CEMETERY	PLOT	ROW	GRAVE
USAF CEMETERY AGAT NO. 2, GUAM	4	58	2
		DISPOSITION OF REMAINS	CODE
		7701	80
		DIST. CTR.	
SECTION B — CONSIGNEE AND NEXT OF KIN			
NAME AND ADDRESS OF CONSIGNEE		NAME AND ADDRESS OF NEXT OF KIN	
UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.		(BY ADMINISTRATIVE DECISION)	
SECTION C — DISINTERMENT AND IDENTIFICATION			
NAME	SERIAL NUMBER	GRADE	DATE OF DEATH
X - 31			
		DATE DISTINTERRED	
		21 Feb 1950	
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input checked="" type="checkbox"/> REMAINS			PAUL R NICHOLS
<input checked="" type="checkbox"/> MARKER			Embalmer
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT			
NATURE OF BURIAL		CONDITION OF REMAINS	
Shelter Half		Skeletal	
OTHER MEANS OF IDENTIFICATION			
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)			
REMAINS PREPARED AND PLACED IN CASKET			
DATE		BY	
21 Feb 50		PAUL R NICHOLS	
CASKET SEALED BY		EMBALMER (Signature)	
PAUL R NICHOLS		 PAUL R NICHOLS	
CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY	
DATE 21 Feb 50		BY RAYMOND H TANGUAY, Sgt., 1c RA	
L. W. RICHARDSON, M/Sgt., RA			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.			
REMARKS AND SPECIAL INSTRUCTIONS		SIGNATURE OF AGRS INSPECTOR	
		 L. W. RICHARDSON, M/Sgt., RA	
		<div style="border: 1px solid red; border-radius: 50%; padding: 10px; display: inline-block;"> <div style="color: red; font-weight: bold; font-size: 1.5em;">FILE</div> <div style="color: red; font-weight: bold; font-size: 0.8em;">14 APR 1950</div> <div style="color: red; font-weight: bold; font-size: 0.7em;">REPATRIATION BRANCH</div> </div>	



DISINTERMENT DIRECTIVE										PREPARED BY PHILCOM	
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECIPIER		DATE					
KIND OF CONVEYANCE		SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 6321 81100		DATE 17 02 50			
NAME		SERIAL NUMBER		GRADE		ARM		DAY		MONTH YEAR	
UNKNOWN X - 31		1 SHIPPED									
CEMETERY		PLOT		ROW		GRAVE		DISPOSITION OF		REMAINS	
USAF CEMETERY ACAT NO. 2, GUAM		4		58		2		7701		D 66	
KIND OF CONVEYANCE		SECTION B — CONSIGNEE AND NEXT OF KIN				CODE		DIST. CTR.			
NAME AND ADDRESS OF CONSIGNEE				NAME AND ADDRESS OF NEXT OF KIN							
FROM UNITED STATES MILITARY CEMETERY FT. W. MCKINLEY, P. I.				TO (BY ADMINISTRATIVE DECISION)							
SIGNATURE OF SHIPPER		SECTION C — DISINTERMENT AND IDENTIFICATION								DATE	
NAME		SERIAL NUMBER		GRADE		DATE OF DEATH		DATE DISTINTERRED			
KIND OF CONVEYANCE											
IDENTIFICATION TAG ON		ORGANIZATION		TO		RELIGION		IDENTIFICATION VERIFIED BY			
<input type="checkbox"/> REMAINS				2 SHIPPED							
<input type="checkbox"/> MARKER										NAME AND TITLE	
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT											
NATURE OF BURIAL		DATE		CONDITION OF REMAINS						DATE	
KIND OF CONVEYANCE				NAME OF CONVOYER							
OTHER MEANS OF IDENTIFICATION				TO							
FROM				4 SHIPPED							
MINOR DISCREPANCIES (Prepare Discrepancy Report GMC Form 1194a for major discrepancies.)											
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECIPIER						DATE	
KIND OF CONVEYANCE				NAME OF CONVOYER							
REMAINS PREPARED AND PLACED IN CASKET				TO							
FROM				3 SHIPPED							
DATE		BY		EMBALMER (Signature)							
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECIPIER						DATE	
CASKET BOXED AND MARKED				SHIPPING ADDRESS VERIFIED BY							
KIND OF CONVEYANCE				NAME OF CONVOYER							
DATE		BY									
FROM				5 SHIPPED							
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECIPIER						DATE	
REMARKS AND SPECIAL INSTRUCTIONS				SIGNATURE OF AGRS INSPECTOR							
KIND OF CONVEYANCE				NAME OF CONVOYER							
FROM				TO							
				1 SHIPPED							
RECORD OF CUSTODIAN TRANSFER											

FILE  
14 APR 1950  
REPATRIATION  
BRANCH

Janis



<div style="font-size: 48pt; color: red; margin: 0;">1</div> <div style="color: blue; font-size: 12pt; margin-top: 5px;">803-30A-46</div>		DISINTERMENT DIRECTIVE				
SECTION A — NAME AND BURIAL LOCATION OF DECEASED			DIRECTIVE NUMBER		DATE	
			6321 00000		<div style="display: flex; justify-content: space-between;"> <div>15 DAY</div> <div>11 MONTH</div> <div>47 YEAR</div> </div>	
NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH
		793 UNKNOWNX-000031			8	<div style="display: flex; justify-content: space-between;"> <div>DAY</div> <div>MONTH</div> <div>YEAR</div> </div>
CEMETERY					DISPOSITION OF REMAINS	
GUAM NO 2 AGAT					0	<div style="display: flex; justify-content: space-between;"> <div>0391 CODE</div> <div>63 DIST. PT.</div> </div>
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH	
4	58		2 MARIANAS		6	
SECTION B — CONSIGNEE AND NEXT OF KIN						
NAME AND ADDRESS OF CONSIGNEE				NAME AND ADDRESS OF NEXT OF KIN		
GUAM NATIONAL CEMETERY MARIANAS ISLANDS (BY ADMINISTRATIVE ORDER)						
SECTION C — DISINTERMENT AND IDENTIFICATION						
NAME		SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED	
UNKNOWN		X-000031	Unk	Unk	25 Nov 47	
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		UNKNOWN		Unk	E S ZAPICO, 2Lt INF NAME AND TITLE	
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT						
NATURE OF BURIAL			CONDITION OF REMAINS			
In box			Skeletal remains, incomplete			
OTHER MEANS OF IDENTIFICATION						
Mortuary Plate						
MINOR DISCREPANCIES 1						
None						
REMAINS PREPARED AND PLACED IN CASKET						
DATE		BY		EMBALMER (Signature)		
19 Jul 48				V R WILLIAMS, Emb		
CASKET SEALED BY				SHIPPING ADDRESS VERIFIED BY		
C L MATTHEWS, Emb				J E SPEER		
CASKET BOXED AND MARKED				DATE		
19 Jul 48 BY P MABAZZA				J E MORRIS, Clerk		
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.						
<div style="font-size: 24pt; color: blue; margin: 0;"> </div> <div style="font-weight: bold; margin-top: 5px;">F T DeGROODT, Capt CMP</div>						
SIGNATURE OF GRS INSPECTOR						
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.						



RESTRICTED

WD QMC Form 1042  
Rev. 1 Apr. 1945  
(Supersedes GRS Form 1)

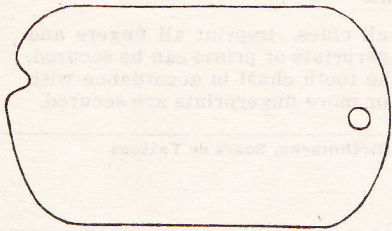
## REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

Date of Report

27 August 1946

Imprint Identification Tag If  
Possible. DO NOT TYPE



## SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial)

Serial Number

UNIDENTIFIED (X-31)

Grade

Organization

Branch of Service

UNKNOWN

YAP

UNKNOWN

Race

Religion

If Other than U. S. Dead,  
Give Name of Country

UNKNOWN

UNKNOWN

Place of Death

Cause of Death

Date of Death

YAP ISLAND

Enemy Action  
Airplane Crash

UNKNOWN

Emergency Addressee (Name, Relationship and Address)

UNKNOWN

Identification Tags Found on Body  
(1, 2, or None)

If No Tags Found on Body, Describe Means of Identification. If Unidentified,  
Fill in Section 3 on Reverse

NE

PLAT PLAN, GRAVE MARKER.

Were Substitute Tags Provided  
(Yes or No)

NO

List Personal Effects Found on Body and Disposition of Same

NONE

## SECTION 2. BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse.

Name, Number, Coordinates and Location of Cemetery

Army, Navy, Marine Cemetery #2, Agat, Guam, MI.

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
9-11-46	1320	Casket and Burial Bag	Cross with Zinc Plate	4	58	2
Was This a Re-Burial (Yes or No)	If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave			Plot No.	Row No.	Grave No.
Yes	Ulithi Cemetery, Asor Island			2	10	11
Type of Religious Ceremony	Person Conducting Burial Rites		If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body			
UNKNOWN, SERVICE ONLY			<del>IDENTIFICATION TAGS NOT USED</del> <i>Robert J. McBroom</i> WDQMC Form 1042 buried in bottle one foot below grave marker.			
Identification Tag Buried With Body (Yes or No)	Identification Tag Attached to Marker (Yes or No)					
Zinc Plate	No					
Body Buried on Deceased Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.		
Loveland, Clifford B.	A E Seaman	UNKNOWN	SS Frank Norris	3		
Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.		
Lavine, Charles H.	AMM 2/o	626-67-9C	USS Randolph	1		
Signature of Person Preparing Report			Signature of GRS Officer Verifying Report			
<i>Robert J. McBroom</i> ROBERT J. MCBROOM, CAPT., QMC			<i>Robert J. McBroom</i> ROBERT J. MCBROOM, CAPT., QMC			

DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Incl 451



*Cancelled per  
Philcom 11 July 49*

## IDENTIFY

TO BE USED WITH ( )  
AND TO BE ATTACHED

UNIDENTIFIED (X-3-)

*243000 X-31*  
*Guam #2*















LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNKNOWN			YAP	
UNIT	ORGANIZATION			
YAP ISLAND	Cemetery #2, Agat, Guam, MI.	4	58	2
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO.

RIGHT								UPPER TEETH								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8								
TYPE																							
LOCATION																							

INSIDE — LOOKING OUT

RIGHT								LOWER TEETH								LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16								
TYPE																							
LOCATION																							

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY. INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)	 FACIAL (TOWARD CHEEK)	



REPORT OF BURIAL  
AVMED-601 (3-45)

Ship or station  
attached at time of Death: Unknown

Date report  
filled out: 7 December, 1945

Copy Identification Tag Name: Last First Middle  
Unidentified # 31

File or Service No. Rank or Rate Branch of Service  
Unknown Aviator Unknown

Corps or Reserve Classification Race  
Unknown X-31 Unknown

Cause of Death:

Place Of Death:

Enemy Action, Airplane Crash

Yap Island

Name of Next of Kin (If Known)

Address of Next Of Kin (If Known)

Unknown

Unknown

Date of Death:

Date of Burial

Unknown

14 November, 1945

Name Of Cemetery

Location Of Cemetery

Ulithi Cemetery

Asor Island, Ulithi, Western Carolines

Grave Marker Type

Plot No.

Row No.

Grave No.

White Cross

2

10

11

Buried At Sea

Area

Type of Religious Ceremony

Religion Of Deceased

Catholic and Protestant

Unknown

Identification Tags Found On Body

If No Identification Tags, Other  
Means Used To Identify Body.

None

(Identification Cards, Letters, etc.)

Complete Dental Chart On Reverse

No

No Identification Of Any Kind.

Complete Fingerprint On Reverse, Both Hands

No

List Of Personal Effects Found On Body And Disposition Of Same

None

Identification Tag Buried With Body

Identification Tag Attached To Marker

No

No

Submitted:

Wm. M. MOIR,

Lt. Comdr. (MC) USNR

FILE  
NAVY SECTION  
C. J. MOYER

7 SEP 1950



# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-31			2. DATE OF REPORT 9 July 48	
3. NAME OF CEMETERY Cem. #2, AGAT, Guam	4. PLOT	5. ROW	6. GRAVE	7. DATE OF
	4	58	2	DISINTERMENT. REINTERMENT

## PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE UTD
----------------------------	----------------------------	--------------------------	-----------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

(1) Surface mortuary Plate  
"x-31 USA- 11 Sept. 46  
P-4, R-58, G-2 AGAT

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

NONE

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? SEE SKELETAL CHART
--	---------------------------------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

*H W Harriman*  
H. W. HARRIMAN  
Captain, QMC  
Operations Officer  
AGRS, Marbo Zone



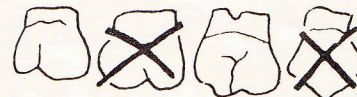
18.

TOOTH CHART

**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:

TOP VIEW

SIDE VIEW



**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



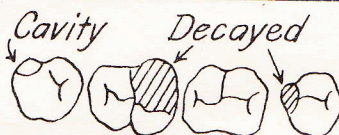
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**FILLINGS:** DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



**CARIES (Cavities):** OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Side Views															
Top Views															
Side Views															
Side Views															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

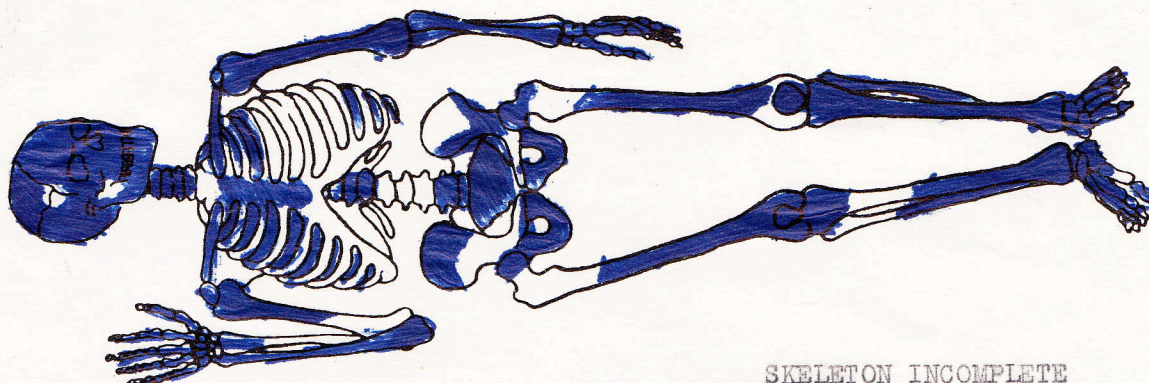
NO TEETH WITH REMAINS

*GEO. Sutkoski*  
GEO. Sutkoski



Unknown X-31 P-4, R-58, G-2, Cem. #2 Agat Guam 9 July 48

19. BLACK OUT PARTS OF BODY NOT RECORDED



SKELETON INCOMPLETE

20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)  
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE  
OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

NONE

*Anthony G. Baker*  
ANTHONY G. BAKER, Emb.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN  
RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

*C.W. Kelley*  
C.W. KELLEY, CAPT., C.A.C.



# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN						2. DATE OF REPORT	
3. NAME OF CEMETERY X-31						4. PLOT	
5. ROW						6. GRAVE	
7. DATE OF 9 July 48						DISINTERMENT	
8. REINTERMENT							

Cem. #2, AGAT, Guam

4

58

2

## PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
UTD	UTD	UTD	UTD

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

(1) Surface mercury Plate  
"X-31 USA- 11 Sept. 48  
P-4, R-58, G-2 AGAT

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

NONE

14. WAS BODY BURNED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

H. W. HARRIMAN  
Captain, QMC  
Operations Officer  
AGRS, Marbo Zone